



APPLICATION FOR ADMISSION

**Beach Cities Montessori
2233 El Segundo Blvd
El Segundo, CA.**

Child's name: _____ Date of Birth: _____

Male: _____ Female: _____

Home address: _____

City/State/Zip code: _____

Home phone number: _____

Parent 1 Name: _____ Occupation: _____

Cell Number: _____ Work Number: _____

E-mail address: _____

Parent 2 Name: _____ Occupation: _____

Cell Number: _____ Work Number: _____

E-mail address: _____

Date of desired admission: _____

Program (Check one): Full Day _____ Half Day AM _____ Full Day M W F _____

I have enclosed non-refundable registration fee of \$200.00

Please make checks payable to Beach Cities Montessori

Signature: _____ Date: _____